

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**1600 9th Street, Room 420 ~ Sacramento, California 95814

Phone (916) 654-3362 FAX (916) 654-2973

www.oshpd.state.ca.us/fdd

**Application for 2008 Extension / Delay in Compliance**

A	Name of Facility: <hr/> Street Address: <hr/> City: _____ County: _____ Zip: _____ <hr/> Administrator: _____ Phone: _____ <hr/> Mailing Address: <hr/> City: _____ State: _____ Zip: _____ <hr/> Legal Owner: _____ Phone: _____ <hr/> Mailing Address: <hr/> City: _____ State: _____ Zip: _____	OFFICE USE ONLY OSHPD #: <hr/> Facility I.D. #: <hr/> SUBMITTAL <input type="checkbox"/> H&S Code 130060 (b) (SB 1801) <input type="checkbox"/> H&S 130063 (SB 2006) <input type="checkbox"/> H&S 130060 (a) Health Capacity Diminished <input type="checkbox"/> Other <hr/> <hr/> <hr/>
B	Application Submitted by: <hr/> Name: <hr/> Signature: <hr/> Title: <hr/> Address: <hr/> City: _____ State: _____ Zip: _____ <hr/> Phone #: _____ FAX #: _____ <hr/> Who is to be known as: <input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Agent for the Legal Owner/Administrator (Authorization must be attached)	OSHPD RECEIPT STAMP
C	Fee Submittal: Filing Fee..... \$250.00 Method of Payment: <input type="checkbox"/> Send Invoice to: <input type="checkbox"/> Administrator <input type="checkbox"/> Legal Owner <input type="checkbox"/> Agent for Legal Owner/Administrator <input type="checkbox"/> Check – Made payable to OSHPD <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover/Novus Account Number: <input style="width: 150px;" type="text"/> Expiration Date: <input style="width: 100px;" type="text"/> Billing Address: _____ Phone: _____ City: _____ State: _____ Zip Code: _____ <hr/> Card Holder's Name: _____ Signature: _____	

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D	Name of Facility (from front page):	OSHDP #
E	Basis for Delay Request: <input type="checkbox"/> H & S Code 130060 (b) (SB 1801) <input type="checkbox"/> H & S Code 130063 (SB 2006) <input type="checkbox"/> H & S 130060 (a) Health Capacity Diminished <input type="checkbox"/> Other	
F	Enclosed with this application are the following documents: <input type="checkbox"/> Extension Request <input type="checkbox"/> Seismic evaluation report (8 1/2" X 11")(Required for H & S Code 130060 (b) SB 1801 - Self Certified SPC-1) Date Sent: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Geotechnical/Geohazards Report(Required for H & S Code 130060 (b) SB 1801 & H & S Code 130063 SB 2006) Date Sent : _____ <input type="checkbox"/> Compliance Plan (8 1/2" X 11")(Required for H & S Code 130060 (b) SB 1801 - Self Certified SPC-1) Date Sent: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
G	Seismic Evaluation Report and/or Compliance Plan prepared by the following: Check discipline in general responsible charge of the project <input checked="" type="checkbox"/> Architect – Firm: <input type="checkbox"/> <hr/> Individual Responsible: Reg. #: <hr/> Alternate: Reg. #: <hr/> Address: Phone #: <hr/> City: State: Zip: FAX #: <hr/> Structural Engineer – Firm: <input type="checkbox"/> <hr/> Individual Responsible: Reg. #: <hr/> Alternate: Reg. #: <hr/> Address: Phone #: <hr/> City: State: Zip: FAX #: <hr/> Geotechnical / Geohazards Report – Firm: <input type="checkbox"/> <hr/> Geotechnical Engineer – Soils: Reg. #: <hr/> Engineering Geologist: Reg. #: <hr/> Address: Phone #: <hr/> City: State: Zip: FAX #: <hr/>	

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INSTRUCTIONS
Application for 2008
Extension / Delay in Compliance
(OSH-FDD-384)

Do not write in Office Use Only area on this application.

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable). Enter name, phone number, mailing address, city, state and zip of the Facility Administrator. Enter name, phone number, mailing address, city, state and zip of the Legal Owner.
- B The "Application for 2008 Extension/Delay in Compliance" is to be signed by the legal owner, administrator of the facility, or authorized agent. Indicate in the appropriate boxes the name, signature, title, address, city, state, zip, phone number and fax number and of the applicant.
- C Fee - The fee for simultaneous submittal for an extension/delay in compliance under SB 1801, SB 2006 or Diminished Health Care Capacity is \$250.00 (nonrefundable). If the requests for SB 1801, SB 2006 or Diminished Health Care Capacity are submitted separately, an additional nonrefundable fee of \$250 is required for each submittal. All fees, plans and reports shall be submitted by the applicant to OSHPD's Facilities Development Division at the following address:

Office of Statewide Health Planning & Development
Facilities Development Division – Hospital Seismic Retrofit Program
1600 9th Street, Room 420
Sacramento, California 95814

The applicant will be billed for the costs of all Seismic Evaluation and Compliance Plan review and approval performed by OSHPD at OSHPD's actual cost for engineering and architectural review. These costs will be credited when the construction documents for the compliance work are submitted to OSHPD. The credit will be in the form of a deduction from the total cost for review of the construction documents by the amount paid by the applicant for review and approval of the Seismic Evaluation Report and Compliance Plan.

A hospital requesting an exemption pursuant to SB 2006 shall pay the actual expenses incurred by OSHPD and the Division of Mines and Geology for review. The hospital will be billed for these costs upon final approval of the request.

- D Enter the name of the facility from Section A on Page 1.
- E Title of project – check whether the application includes a SB 1801, SB 2006 or Diminished Health Care Capacity submittal.
- F Indicate the documents enclosed on application form.
- G For each discipline, provide the name of the individual in responsible charge of the project, his/her registration number, an alternate person to contact, his/her registration number, the address, phone number, city, state, zip code and fax number for the firm. Additionally, check the box for the discipline, which is in general responsible charge of this project.